

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	2/29
O.I.P.E. CLASSIFIER		16	3-10-00
FORMALITY REVIEW	CH	69916	5/1/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	0	0	10/1/00
2	0	0	10/1/00
3	0	0	10/1/00
4	0	0	10/1/00
5	0	0	10/1/00
6	0	0	10/1/00
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Best Available Copy

If more than 150 claims or 10 actions  
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